COUNTY PALATINE OF LANCASTER.

REPORT

OF THE

Central Tuberculosis Officer

FOR THE YEAR

1914.

PRESTON:
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1915.

INDEX.

TUBERCULOSIS COMMITTEE (1915).

The Chairman of the County Council:

†Sir William Scott Barrett, Knight.

The Vice-Chairman of the County Council:

†Sir Henry Hibbert, Knight, M.P.

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(† County Aldermen.)

Vice-Chairman:

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* Members of Sanatoria Sub-Committee.

MEDICAL AND NURSING STAFF OF THE TUBERCULOSIS DEPARTMENT, 1914.

CENTRAL TUBERCULOSIS OFFICER—

G. Lissant Cox, M.A., M.D. (Camb.), M.R.C.S. (Eng.), L.R.C.P. (Lond.).

SENIOR DISPENSARY OFFICERS—

George Jessel, M.A., M.B., B.Ch. (Oxon.), D.P.H. (Manch.) (†August 7th, 1913).
(Joint with County Borough of Wigan).

Burgess MacPhee, M.B., Ch.B. (Glas.), D.P.H. (Camb.). (†August 7th, 1913.)

*A. H. Allon Pask, M.D. (Sheffield), L.R.C.P. (Lond.). M.R.C.S. (Eng.). (†August 7th, 1913).

J. Logan Stewart, M.A., M.B., Ch.B. (Glas.), D.P.H. (Camb.), (†August 7th, 1913.)

Charles W. Laird, B.A., M.D. (Belfast), D.P.H. (Liverpool). (†November 5th, 1914).

*Alan D. Bramwin, M.A., M.D., (Camb.), D.P.H. (Aberdeen). (†November 6th, 1913).
(Joint with County Borough of Blackpool).

ASSISTANT DISPENSARY OFFICERS—

George Fletcher, M.A., M.B., Ch.B. (Glas.), D.P.H. (Camb.) (†April 15th, 1914).

*George Leggat, M.B., Ch.B. (Aberdeen), D.P.H. (†April 15th, 1914).

George H. Leigh, M.D., Ch.B. (Manch.), D.P.H. (†April 15th, 1914).

Charles H. Lilley, M.B., Ch.B. (St. Andrew's), D.P.H. (Lond.), (†April 15th, 1914).

* On Military duty.
† Date of appointment.

Medical Superintendent (Elswick Sanatorium)—
*Walter Dawson, M.B., B.S. (Glas.), D.P.H. (Liverpool).
(April 15th, 1914).

Acting Medical Superintendent (Elswick Sanatorium)—
K. J. C. Bradshaw, M.B., Ch.B. (Liverpool).
(September 16th, 1914).

Tuberculosis Nurses—

	Miss	B. Holmes,	from	19th March, 1914.
	,,	E. Horrocks,	,,	15th April, 1914.
*	,,	R. Lambert,	,,	20th May, 1914.
*	,,	E. Fowler,	,,	20th May, 1914.
	,,	Walch,	,,	20th May, 1914.
*	,,	E. A. Duston,	,,	20th May, 1914.
	,,	M. J. Cull,	,,	1st June, 1914.
	,,	C. E. Munroe,	,,	1st June, 1914.
*	,,	M. A. Potter,	,,	1st June, 1914.
*	,,	C. M. Miller,	,,	1st June, 1914.
	,,	M. Ecroyd,	,,	18th November, 1914.
	,,	H. Dewsnap,	,,	18th November, 1914.

* On Military duty.

REPORT

OF THE

CENTRAL TUBERCULOSIS OFFICER

For the Year 1914.

To the Chairman and Members of the County Tuberculosis Committee.

Mr. Chairman and Gentlemen,

I have the honour to submit my first annual report. During the year, and more especially to the end of July, considerable progress was made with the County Council scheme dealing with tuberculosis.

At the end of 1914 the residential accommodation for adults—pulmonary and non-pulmonary—was about 250 beds, and further accommodation was under construction or consideration, some of which has become available in the present year.

Of the 30 dispensaries under the County Council complete scheme, one chief, four sub-chief, and two branch dispensaries were opened during the year. Four chief, three sub-chief, and one branch dispensary were also under construction, and at the date of this report (October, 1915) all the chief and sub-chief, together with four branch dispensaries—17 in all—are in use.

Two thousand eight hundred and thirteen persons were examined by the dispensary officers for diagnostic purposes: 2,458 re-visits were made at patients' homes, and, in addition, there were 1,066 attendances at the dispensaries.

Since the outbreak of the war the work in progress and under consideration has been greatly disorganised, and only carried on with much difficulty. Many members of the medical, nursing, and clerical staff took up military duty and the appointment of additional staff, to complete the

number authorised by the County Council, namely, 14 dispensary officers and 24 nurses, was postponed.

As regards the wider question of continuing the work at all, the following recommendation of the Local Government Board has been carried out as far as possible :—

> "The tuberculosis organisation in each County and County Borough is largely concerned with the treatment of sick persons, and some arrangement must be made for carrying it on, and the Board is of opinion that there should be, in every such area, a tuberculosis officer available to advise both the Council and the Insurance Committee for the area.
>
> "The Board also state that each application to the War Office from a medical officer employed by a local authority is, in accordance with an arrangement made between the two departments, referred to the Local Government Board for its opinion as to whether the medical officer making the application can properly be spared from his civil duties."

For reasons unnecessary to elaborate, it has been impossible to attempt detailed and full accounts of the work of the department, nor has it been considered desirable to attempt special reports from the different dispensary areas or institutions.

In conclusion, I should like to place on record my thanks for the very willing assistance and co-operation of my colleagues in their endeavour, under considerable difficulty, to carry on the work: and also to the greatly reduced clerical staff for the cheerful adoption of continuous overtime since the outbreak of the war.

I am, Gentlemen,

Your obedient Servant,

G. LISSANT COX.

Preston,

October 20th, 1915.

INTRODUCTION.

On the passing of the National Insurance Act, 1911, the Lancashire County Council undertook to exercise its optional powers under the Act, and to prepare and undertake a complete scheme of "sanatorium benefit," with a view to diminish and ultimately prevent the disease of tuberculosis. The following resolutions passed by the County Council on November 7th, 1912, form the basis of this scheme :—

> That the County Council undertake to provide sanatorium benefit under the National Insurance Act (other than domiciliary treatment) for all persons suffering from pulmonary† tuberculosis within the administrative county area, at the expense of the County Council, so far as such persons are not deemed able to pay wholly or partly for themselves, subject to the following conditions :—
>
> (1) That the Government contribute three-fifths of any capital expenditure that may be incurred on sanatoria (such contribution not to exceed £90 per bed), and four-fifths of the capital expenditure on dispensaries.
>
> (2) That the Lancashire Insurance Committee pay the County Council their proper proportion, but not less than one-third of the annual cost of maintaining and administering the dispensaries.
>
> (3) That the Lancashire Insurance Committee undertake to use for insured persons the institutional accommodation provided by the County Council when there is vacant accommodation, and to pay the full charge for each patient sent by their order, so far as their funds will extend.

† In November, 1913, this resolution was extended to include ALL cases of tuberculosis, *i.e.*, non-pulmonary as well as pulmonary.

(4) That the annual income of the Lancashire Insurance Committee for sanatorium benefit is not reduced below that provided for by the National Insurance Act, 1911.

(5) That the County Council shall not be liable to make up any deficiency in the funds of the Lancashire Insurance Committee to meet the full charge for persons sent by their order for institutional treatment, if such deficiency is caused by the expenditure of that Committee on any purpose other than dispensaries.

(6) That the Government guarantee to pay annually, or half-yearly, one-half of the annual expenditure incurred by the County Council in carrying out this undertaking.

Tuberculosis may be divided into three groups—

(*a*) pulmonary tuberculosis or consumption :

(*b*) non-pulmonary tuberculosis, which most commonly affects bones, joints, and glands ;

(*c*) pulmonary and non-pulmonary tuberculosis combined.

The number of deaths in the administrative county from all forms of tuberculosis in each year at the present time is over 2,000. Three-fourths of these, or about 1,500, are due to phthisis (consumption), and of this number no less than two-thirds occur in persons between the ages of 15 and 45.

No other disease has so high a proportion of deaths between these ages, and none causes so great a loss and burden on the community, especially when one considers that, under

present conditions of environment, the strong are affected as well as the weak.

There are several possible methods by which this disease might be diminished and eventually eradicated. In the last fifty years the tuberculosis death-rate has fallen by more than one-half, and some contend that the disease is gradually exhausting itself, and therefore nothing need be done, because by a gradual process of the survival of the fittest the disease will disappear of itself. This is probably true to some extent, but of recent years the fall has become progressively less, and at the present time the death-rate is practically stationary. If it be true that some diminution of the disease is due to increased powers of resistance, more has resulted from the isolation of the worst cases in recent years in the poor law infirmaries, and the general sanitary improvements effected during the same period. The National Insurance Act affords further facilities to aid these improvements, and the enormous loss to the community from the incapacity and death in the prime of life of so many persons, justifies every effort to diminish and ultimately prevent this disease.

It is always theoretically possible for a specific remedy to be discovered which either by acting directly on the bacillus of tuberculosis and its poison, or indirectly by raising the resistance of the patient would infallibly cure the disease. The "discovery" of this specific cure has often been announced; it has always proved false.

The ultimate cause of every case of tuberculosis is infection by the tubercle bacillus, spread from man to man, or from animals (usually cattle) to man. The effective isolation of infectious persons and the destruction of infected cattle, would, if complete, entirely eradicate the disease. To deal with infectious cattle is comparatively easy, and the Tuberculosis Order of 1914 provides for the notification,

inspection, and destruction of diseased animals, and also for compensation; unfortunately, owing to the war, the order is suspended. On the other hand, the efficient isolation of infectious persons owing to the chronic nature of the disease is difficult, not only because of the large number of persons requiring prolonged isolation, but because such isolation of a large body of the wage earning class would entail the granting of financial assistance to their dependants.

Some assistance, however, is available under the National Insurance Act which enables an insured person to receive during illness sums up to ten shillings per week for a period of 26 weeks; but this sick pay while of great benefit to insured persons (or their dependants at home) who obtain residential treatment in the early stages of consumption, does not affect uninsured persons, and only to a limited extent insured persons whose illness is prolonged, and who require a long period of treatment and isolation in a sanatorium or hospital.

Much of the decline in the tuberculosis death-rate has been due to the isolation in past years of the worst cases in poor law infirmaries, thereby preventing the spread of infection in the persons' home. One effect of the Insurance Act has been to reduce the number so isolated, and, partly because the amount of alternative accommodation is at present very inadequate, and the limited benefits under the Act given to insured persons or their dependants, the patients, and especially the more infective cases, which formerly would be isolated in some institution, now tend to occupy a greater proportion of time at home. If the home surroundings are bad and overcrowding exists, an extension of the disease—temporary, one may hope—is almost certain. Fortunately there is one factor which will operate against this, namely, the more efficient supervision now given to each case by means of the dispensary organisation.

Finally, as is now well known, there is a number of important contributory causes of tuberculosis, such as bad housing, poverty, intemperance, and unhealthy conditions of employment. Tuberculosis is essentially a house disease, spreading from person to person, and even from family to family using the same dwelling. Comparatively little permanent good can be accomplished by short periods of treatment in sanatoria, if the patient is allowed to return to unhealthy work, or to an insanitary home, or if he is unable or unwilling to carry out what he has been taught during treatment in an institution. But if acted upon, the educative value of treatment in a sanatorium or hospital is undoubtedly very great, especially when it is aided by the careful supervision of each case by the dispensary organisation. Not only are patients and public educated in the elements of hygiene, but co-operation of the dispensary work with the local sanitary authority should assist materially the preventative measures undertaken by the latter concerning this disease.

No illusions should be held that tuberculosis will rapidly diminish. The disease is so wide spread, and the contributory causes so numerous, that many years of sustained effort will be required before its abolition is accomplished.

PROGRESS OF THE COUNTY COUNCIL SCHEME IN 1914.

General Organisation.

County Tuberculosis Committee.

In April, 1914, a separate Committee, called the County Tuberculosis Committee, was formed to deal with all matters relating to tuberculosis under the National Insurance Act, the orders of the Local Government Board, the regulations of the National Insurance Commission, and the general scheme of the County Council, the work having up to that time been under the control of a sub-committee of the Public Health Committee.

Joint Appointments with County Boroughs.

At the beginning of 1914 the County Council had optional or provisional arrangements with the following seven County Boroughs for the appointment of joint tuberculosis officers, who gave their services during part of a week to the County Council and the remainder to the County Borough :—

Barrow-in-Furness	Southport
Blackpool	Rochdale
Bootle	Wigan
Bury	

In order to facilitate the working of these joint appointments, the administrative county was divided into eleven dispensary areas. It was, however, soon found from experience that these joint appointments were unsatisfactory, and by the end of 1914 all, except those with Blackpool and Wigan, had, by mutual consent, been abandoned. It has, therefore, been possible to effect a simpler arrangement of the dispensary areas, whereby the administrative county is

Table B.—List of Tuberculosis Dispensaries in use at the present time (October, 1915), and the Senior (or Acting) Dispensary Officers for the Dispensary Areas :—

Dispensary Area No.	District Committee Area No.	Tuberculosis Officer in charge.	Dispensaries.	Days and Hours of Attendance.
*1	*1 2 †3, 4, 5	Dr. G. H. Leigh, Tuberculosis Dispensary, 8, Middle Street, Lancaster.	CHIEF—Lancaster 8, Middle Street (Tel. No. 568)	Monday, 10 a.m.
			BRANCH—Virginia House, Ulverston (Tel. No. 33)	Monday, 9-30 to 11 a.m.; Thursday, 9-30 to 11-30 a.m.
2	6, 7, 8, 9, 12, 13	Dr. MacPhee, Tuberculosis Dispensary, 39, Avenue Parade, Accrington.	CHIEF—Accrington 39, Avenue Parade (Tel. No. 2443)	Tuesday, 10 a.m. to 12 noon; Wednesday, 2 to 4 p.m.
			SUB-CHIEF—64, Carr Road, Nelson (Tel. No. 507)	Tuesday and Friday, 2 p.m.
3	17, 18, 23, 25	Dr. J. L. Stewart, Tuberculosis Dispensary, Boston House, Ashton-under-Lyne.	CHIEF—Ashton-under-Lyne Boston House, Warrington Street (Tel. No. 775)	Tuesday, 11 to 12 a.m. (children only); 3 to 5 p.m.; 7 to 8 p.m.; Friday, 10 to 12 a.m.
			SUB-CHIEF—25, Barker Street, Oldham (Tel. No. 1671)	Monday, 2 to 4 p.m.
			SUB-CHIEF—134, Drake Street, Rochdale (Tel. No. 392)	Wednesday, 10 a.m. to 12 noon
			BRANCH—71, Manchester Old Road, Middleton	Wednesday, 3 to 4-30 p.m.
			BRANCH—Park Lodge, Mossley	Thursday, 11 a.m. to 12 noon
4	15, 16, 22, 24	Dr. G. Fletcher, Tuberculosis Dispensary, 28, Gildabrook Road, Eccles.	CHIEF—Eccles 28, Gildabrook Road (Tel. No. 533)	Wednesday, 6-30 p.m.; Friday, 10-30 a.m.
			SUB-CHIEF—The Wylde, Bury (Tel. No. 654)	Monday and Wednesday, 2-30 p.m.
			BRANCH—40, Chorley Road, Swinton	Monday, 11 a.m.; Friday, 2-30 p.m.
5	10, 19, 20	Dr. C. W. Laird, Tuberculosis Dispensary, 7, Claremont Road, Seaforth, Near Liverpool.	CHIEF—Seaforth 7, Claremont Road (Tel. No. 688, Waterloo)	Monday, 3 to 4-30 p.m.; Friday, 10 to 11-30 a.m.
			SUB-CHIEF—Brendan House, Widnes Road, Widnes (Tel. No. 156)	Monday, 9-30 to 11-30 a.m.; Friday, 2-30 to 4-30 p.m.
6	11, 14, 21	Dr. G. Jessel, Tuberculosis Dispensary, Rodney Street, Wigan.	CHIEF—Wigan Rodney Street (Tel. No. 549)	Monday and Thursday, 9-30 a.m. to 2 p.m.
			SUB-CHIEF—5, High Street, Chorley (Tel. No. 263)	Tuesday and Thursday, 11 a.m.
			SUB-CHIEF—13, Church Street, Leigh (Tel. No. 258)	Wednesday and Friday, 11 a.m.

NOTE.—* Part of No. 1 Dispensary Area, namely, No. 1 District Insurance Committee Area (North Lonsdale) (see map), is temporarily in charge of Dr. G. H. Patterson, Town Hall, Ulverston.

† The District Committee Areas 3, 4, and 5 (see map) are temporarily in charge of Dr. C. W. Laird, the Senior Dispensary Officer for No. 5 Dispensary Area.

Table A, showing Dispensary Areas, Population, Medical and Nursing Staff (previous to the War), Dispensaries and Visiting Stations either open or contemplated.

Dispensary Area.	District Insurance Committee Areas.	Population.	Medical and Nursing Staff.	Dispensaries open, under construction, or contemplated.	Visiting Stations.
1	1 2 3 4 5	39,566 75,999 12,409 59,883 44,585 232,442	Dr. Brunwin, Senior Dispensary Officer (Joint with Blackpool). The Medical Superintendent for Elswick Sanatorium undertakes duty if required for part of the Area). Nurse Miller, Dispensary Nurse.	Lancaster (Chief). Preston (Sub-Chief). Ulverston (Branch).	Dalton-in-Furness. Hornby. Morecambe. Fleetwood. Kirkham. Garstang.
2	6 7 8 9 12 13	18,842 9,168 100,172 112,909 54,160 72,070 367,321	Dr. MacPhee, Senior Dispensary Officer. Dr. Leggat, Assistant. Nurse Lambert and Nurse Duston, Dispensary Nurses.	Accrington (Chief). Nelson (Sub-Chief). Colne (Branch). Bacup and Rawtenstall (Branch). Darwen (Branch). Great Harwood (Branch). Clitheroe (Branch).	Padiham. Turton. Rishton.
3	17 18 23 25	37,670 60,118 134,562 27,980 260,330	Dr. Stewart, Senior Dispensary Officer. Dr. Fletcher, Assistant (part time). Nurse Andrew, Dispensary Nurse.	Ashton-under-Lyne (Chief). Rochdale (Sub-Chief). Oldham (Sub-Chief). Mossley (Branch). Middleton (Branch).	Littleborough. Whitworth.
4	15 16 22 24	51,097 79,528 152,595 28,373 311,593	Dr. Pask, Senior Dispensary Officer. Dr. Fletcher, Assistant (part time). Nurse Potter and Nurse Fowler, Dispensary Nurses.	Eccles (Chief). Bury (Sub-Chief). Heywood (Branch). Radcliffe (Branch). Stretford (Branch). Swinton (Branch). Farnworth (Branch).	Ramsbottom.
5	10 19 20	56,068 85,979 81,581 223,628	Dr. Laird, Senior Dispensary Officer. Dr. Lilley, Assistant. Nurse Walch, Dispensary Nurse.	Seaforth (Chief). Widnes (Sub-Chief). Earlestown (Branch). Ormskirk (Branch).	Prescot. Croston. Formby.
6	11 14 21	63,775 148,384 95,675 307,834	Dr. Jessel, Senior Dispensary Officer (Joint with Wigan). Dr. Leigh, Assistant. Nurse Holmes, Nurse Cull, Nurse Horrocks, and Nurse Munro, Dispensary Nurses.	Wigan (Chief). Chorley (Sub-Chief). Leigh (Sub-Chief). Hindley (Branch).	Horwich. Leyland. Adlington. Atherton. Tyldesley.

now divided into six large areas, each under a senior dispensary officer, who will have, when the full scheme is in working order, one or more medical assistants and two or more nurses for each area.

The population of the six dispensary areas, as shown on Table A, is 1,703,148.

In each dispensary area there is a chief dispensary at which is co-ordinated the whole of the work required in that particular area, and, in addition, sub-chief, branch dispensaries, and visiting stations have been, or are being provided. The senior dispensary officer, or his assistant, attends the various dispensaries at stated times, to examine and give advice to any resident of the county area, whether insured or non-insured.

The full medical and nursing staff authorised by the County Council consists of 6 senior dispensary officers, 8 assistant officers, and 24 tuberculosis nurses. On account of the very extensive clerical work, a clerk has been appointed to each of the dispensary areas.

At the end of 1914, owing to the war, only 7 dispensary officers and 9 nurses were at work in the county area.

The tables inserted show the arrangements in detail :—

TABLE A.—This gives the dispensary areas, population, medical and nursing staff (previous to the war) dispensaries and visiting stations, open or contemplated. The distribution of the dispensaries and visiting stations is shown on the map at the end of the report.

TABLE B.—This gives a list of dispensaries in use at the date of this report (20th October, 1915,) and times of attendance of the dispensary officers.

Sanatorium Benefit.

The County Council scheme applies to all persons, but the applications for sanatorium benefit are dealt with by *two* committees, viz., the "insured" by the Lancashire Insurance Committee, and all other persons, including the dependants of insured persons, by the County Tuberculosis Committee.

It is important to remember that the term "sanatorium benefit" does not only imply residential treatment in a sanatorium, but includes all forms of treatment, *i.e.*, domiciliary, dispensary, and residential.

For local administrative purposes as regards insured persons, the administrative county has been divided into 25 district committee areas. These are shown on the map at the end of the report.

Mode of application for Sanatorium Benefit.

(*a*) Insured persons.

An insured person who desires to apply for sanatorium benefit must fill in an application form, known as form med. 1a, and return it to the clerk to the district insurance committee of the area in which he or she resides. Copies of this form are obtained from the district clerk, the dispensary tuberculosis officer, or the central tuberculosis officer.

Arrangements are then made for an early examination of the patient by the dispensary tuberculosis officer at a county dispensary, the patient's home, or the surgery of his medical adviser. The medical practitioner is in all cases notified of the time and place of examination, and

if he cannot be present, he is asked to supply a few salient particulars regarding the patient on a form provided by the tuberculosis officer.

The application, together with the recommendation of the tuberculosis officer, is then considered by the district insurance committee, who are empowered to grant domiciliary and dispensary treatment. If the case is one for institutional treatment, the district committee refer it to the County Insurance Committee, and after this form of treatment is approved the patient is admitted to an institution as early as possible.

If, however, the case is an urgent one, requiring immediate treatment or isolation, the central tuberculosis officer is authorised by the Lancashire Insurance Committee to admit the patient forthwith, and report the action taken to the next meeting of the Committee.

(*b*) Non-insured persons or dependents of insured persons.

Applications from these are sent to the central tuberculosis officer direct, and are dealt with by the County Tuberculosis Committee.

Number of Applications.

Tables (I.) and (II.) on pages 46 and 47 shows that during the year 1914 applications for sanatorium benefit were received from 1,353 persons, 1,246 insured and 107 non-insured.

Co-operation with County Public Health Department, Local Sanitary Authorities, Medical Officers of Health, and School Medical Departments.

The work of the Tuberculosis Nurses.—The names and addresses of all persons notified as suffering from tubercuIosis are sent each week by the county medical officer of health to the senior dispensary officer for each dispensary area. Unless there are special reasons to the contrary, every patient who is notified is, in the first instance, visited by the tuberculosis nurse. Each patient receives from the nurse instructions, both written and verbal, as to the general hygienic measures required, and when not otherwise supplied by the sanitary authority is given paper handkerchiefs and bags, or sputum flasks, and instructed in the proper method of collecting and destroying the sputum. The patient is also instructed by the nurse how to take his or her temperature, and a thermometer is lent to any patient who, in the opinion of the tuberculosis officer, requires one. Arrangements are also made as regards attendance of the patient or contacts at the dispensary.

The nurse also fills in an environmental report for each case, a copy of which is sent to the district medical officer of health, who takes whatever action may be required if insanitary conditions are reported to him. The number of visits paid to each patient varies, the worst cases receiving more frequent visits. Under the present exceptional circumstances, it is not possible to attempt actual nursing, but the supervision, and encouragement given, often under great difficulties, is a most important part of the work.

Admission and Discharge of Patients.

The admission and discharge of every patient receiving residential treatment is notified to the medical officer of health, who arranges for the disinfection of the house when necessary.

Further, a copy of the discharge report received from the medical superintendent is sent at the conclusion of treatment to each patient's medical attendant.

Details of the arrangements for co-operation between the county tuberculosis staff, the local sanitary authority, and the county medical officer of health are given as an appendix II., page 48.

Notification of Deaths from Tuberculosis.—Under the Public Health (Tuberculosis) Regulations, 1912, notification of cases of all forms of tuberculosis is compulsory, but no similar arrangements have yet been made for the notification of deaths in county areas. In the administrative county a special arrangement has been made with the registrars of births and deaths who send weekly a list of deaths from tuberculosis to the central tuberculosis officer, who then informs the dispensary tuberculosis officer and any medical officer of health who requires such information.

Arrangements with School Medical Officers.—Children of school age suffering from tuberculosis, or suspected to be tubercular, are referred to the dispensary tuberculosis officer by the school medical officers, and are examined either at the dispensary or the patient's home, and recommended for the form of treatment suitable. A large number of children are examined as contacts, but, as already stated, this part of the work has suffered considerably owing to the war and the reduction in the staff.

Erection and removal of sleeping shelters.—In this work I have to thank medical officers of health and sanitary inspectors throughout the county for much valuable help in connection with the use of these by county patients.

THE TUBERCULOSIS DISPENSARY, THE DISPENSARY ORGANISATION, AND DISPENSARY TREATMENT.

The tuberculosis dispensaries are centres through which the specialised work under the County scheme is conducted, and no distinction is made between insured and non-insured persons as regards treatment at or in connection with a dispensary. The functions of a tuberculosis dispensary have been defined as follow :—*

(1) A receiving house and centre of diagnosis.
(2) A clearing house and centre for observation.
(3) A centre for curative treatment.
(4) A centre for the examination of contacts.
(5) A centre for "after-care."
(6) An information bureau and educational centre.

Centre of Diagnosis.

The importance of an early diagnosis in this disease cannot be over-estimated if treatment is to have a chance of success. At the present time, as the following figures show, only about a quarter of the cases of consumption are reported as in the first stage of the disease, and these include contact cases discovered, in the first instance, by the dispensary officers :—

> During 1914, 1,159 insured persons were reported upon by the tuberculosis officers as suffering from phthisis (consumption) and recommended for treatment. Classified in accordance with the system of Turban-Gerhard, 298 (25·7 per cent.) were in the first or early stages of the disease : 314 (27 per cent.) in the second or intermediate ; and 547 (47·1 per cent.) in the third or advanced stage of the disease.

* Interim report of Departmental Committee on Tuberculosis.

There are three reasons which may account for failure in the early diagnosis of phthisis :—

(1) The unwillingness of insured persons to report themselves to their doctors.

(2) The inability of the doctor to make a diagnosis through lack of time for a proper examination.

(3) The omission on the part of the doctor to utilise the services of the tuberculosis officer as a consultant.

With regard to No. (1), there are undoubtedly a number of patients who delay reporting themselves to their doctor until they are forced to do so by becoming seriously ill. The insidious onset of the disease is itself a contributory cause of this, and there is still a widespread feeling that to be called a consumptive is equivalent to a death sentence.

With regard to the second cause, serious delay does occur in a certain number of cases. The reason for this is because the early diagnosis of consumption is usually a very difficult matter, and often requires repeated and lengthy examinations of a particular patient, so that if a doctor has a very large number of patients who see him in a limited time at his surgery the prolonged examination cannot be made, and the case is consequently overlooked. It is all the more important, therefore, that the third cause, the omission by the doctor to utilise the services of the tuberculosis officer as a consultant should not occur. To assist in early diagnosis, the free services of the tuberculosis officers are at the disposal of all practitioners for consultations on doubtful cases, either at the dispensary itself, the doctor's surgery, or the patient's home.

At each dispensary the senior officer, or his assistant, attends at fixed times to examine patients. Experience has shown that, after the establishment of a dispensary, an increasing number of cases are referred thereto by the

patients' doctors, who are asked to send a short account of the cases if they are unable to attend personally at the dispensary or meet the tuberculosis officer at the patients' homes. The result of such examination, together with the diagnosis, treatment recommended, and any special conditions as to home conditions are communicated to the patient's doctor by the dispensary officer. A person under the care of a medical practitioner, except for the initial visit, is not allowed to attend a county dispensary without the knowledge and approval of his or her medical adviser, and attendance of doctors at the dispensary is always welcomed.

Examination of Sputum.—As an aid to diagnosis, arrangements have been made for the *free* examinations of sputum in all cases where the tuberculosis officer considers such necessary. At each chief dispensary a small laboratory is being installed : in addition, an arrangement has been made with Professor Delépine, of the Public Health Laboratory, Manchester, for the examination of specimens.

During the year under report, 465 specimens of sputum have been forwarded, at the recommendation of the tuberculosis officers, to Professor Delépine for examination at his laboratory, and the results of these examinations are as follow :—

Positive (*i.e.*, tubercle bacilli present)	...	144
Negative (*i.e.*, tubercle bacilli not present)	...	321
Total	... ...	465

A Clearing House and Centre for Observation and Supervision.

Under the dispensary organisation every patient should be kept under supervision by the dispensary officer and his staff, whether actual treatment is being received or not. This work, if carried out efficiently, is of the greatest

value to the individual and to the community. The dispensary will also contain the records of all cases, and provide means for executing the very great amount of clerical work required.

A Centre for Curative Treatment.

It is now generally recognised, except by devoted enthusiasts, that the most effective treatment of tuberculosis is more a matter of hygiene than therapeutics.

Ordinary symptomatic treatment is not undertaken at a dispensary if the patient has a doctor, and is at the time receiving satisfactory treatment, but the tuberculosis officer and his staff deal with special forms of treatment, and more particularly exercise general supervision over domiciliary treatment, acting in co-operation with the panel or family doctor, and give special attention to general hygienic and preventative measures, in conjunction with the doctor and the local sanitary authority.

Patients attend at regular intervals to report themselves at the dispensary, their weight is taken, and their records of temperature, if any, are checked. By this means the patient's interest in his own case is assured, and the effects of domiciliary treatment are noted. If no dispensary is near the patient's home, or the patient is too ill to attend, he is visited by the dispensary officer, and the nurse also visits the patient at his home, as instructed by the dispensary officer.

Tuberculin Treatment.—During 1914, the following number of patients received this form of treatment :—

	Insured.	Non-Insured.	Total.
No. of Patients	30	3	33
No. of Attendances ...	71	11	82

Examination of Contacts.

Many cases of early or unsuspected tuberculosis are discovered by a systematic examination of all contacts. To undertake this thoroughly is often very difficult, especially with adults who are either too careless or unwilling to be examined. With children, however, it is comparatively easy. Since the outbreak of the war, owing to reduction of the staff, it has not been possible to develop this part of the work.

The following table shows the number of contacts examined in 1914 :—

	Diagnosed as Tubercular	Diagnosed as suspects and kept under observation.	Non-Tubercular	Total.
Number examined at home	44	68	634	746
Number examined at the dispensary ...	...	12	28	40
Total	44	80	662	786

After-care.

On the formation by the Lancashire Insurance Committee of the 25 district insurance committees, "after-care" work was delegated to them. The following extracts from a report on "after-care," drawn up, April, 1914, by the clerk of the Insurance Committee and the central tuberculosis officer, explain the lines on which it was suggested this "after-care" work should be performed :—

"Except in a few instances consumption is only entirely curable if treatment is begun at an early stage of the disease

and is continued for a long time. At present there are two factors which are adversely affecting the results of sanatorium treatment under the National Insurance Act, viz., that the cases that apply for treatment are persons in an advanced or chronic stage of the disease, and that the amount of institutional accommodation is limited so that treatment can only be for a short period. The number of early and probable curable cases which apply for treatment is at present under 10 per cent. of the total number of applications.

"Even, however, if the proportion of early cases was much greater, as in all probability it will be in future years, the adequate treatment of individual cases of consumption remains essentially one of hygiene. Unless an endeavour is made, after institutional treatment, to keep the patient in an environment and under conditions that are more favourable than before, the permanent value of institutional treatment will be entirely lost, and the money spent on such treatment will be wasted.

"Any means whereby the patients can be assisted to obtain the greatest amount of benefit from their present or past medical treatment, and to keep their working capacity as great as possible, so that they and their families do not become a burden upon the community, are included in the term "after-care."

"'After-care' is an essential corrollary to the work of the Insurance Committee and County Council, rather than part of their statutory duties, and we think it desirable that, as far as possible, the administration of 'after-care' shall be dissociated from the official administration of the Insurance Act, so as to prevent the idea gaining ground that the individual concerned is a more or less infected person, and one to be avoided by employers and workmen.

"One of the main objects is to assist the person whose health has been improved by treatment in a sanatorium to

obtain employment, and to convince employers and workmen that the risk of infection through him is almost negligible if he will carry out the directions given him and be careful how he lives.

"It is necessary that an 'after-care' committee should be formally a part of the official organisations for dealing with tuberculosis in order that the expenses in connection with their meetings and correspondence may be paid out of public funds, but excepting for that purpose we think the committee should be looked upon as a body of persons willing to give voluntary service as visitors, and comprising not only such members as the district insurance committee as may be willing to act, but other voluntary workers also. It must be remembered that the work is not to be confined to the insured, but to include all other persons who may have received treatment under the general scheme of the County Council.

"When a person has received treatment in a sanatorium, and goes out improved in health, and instructed as to what his future habits and mode of life should be, it will be necessary for him still to be kept under observation by the medical staff of the dispensary, but it will be on his return home that the helping hand of the 'after-care' committee may assist in finding him employment: that by their kind encouragement he may be induced to follow out his instructions as to his habits and feeding: the members of his family may be advised with regard to him and themselves: and, if need be, possibly pecuniary help, without the intervention of the poor law may be provided.

"Similar help in varying degree will be required for many who have been treated at a dispensary or at home.

"We would recommend that each district committee (who have not already done so) should consider how best to organize voluntary effort for this purpose, either by appointing some existing society which is now carrying on such work as

an 'after-care' committee: or by specially selecting persons willing to act. In some areas it may be found desirable to divide the work among several societies or sub-committees, and leave each to deal with its own particular section, but there should be one 'after-care' committee for each local insurance district, representative of the subordinate bodies.

"If this plan is adopted, the Insurance Committee should authorise the extra expenditure by the clerk of the local district committee in connection with the 'after-care' committee.

"In the areas in which 'after-care' committees have already been appointed it may perhaps be thought desirable to reconsider the constitution of the committee, but that is a matter that will naturally rest with the local district committee.

"It is suggested that in any case the local medical officers of health should be invited to join the 'after-care' committee.

"The dispensary officers will be available to advise an 'after-care' committee with regard to persons under the supervision of those officers.

"It may be pointed out that voluntary personal service will be largely invited throughout the country, in connection with the visiting and supervision of mental deficients kept at home, or placed under guardianship, and with the after-care of persons discharged from lunatic asylums and inebriate reformatories, and it is possible that in some way this service may ultimately be associated with that in relation to tuberculosis."

When the "after-care" work was delegated to district insurance committees, and for some time after, practically no dispensary organisation existed in the county area. I hope in a future report to be able to give the results achieved in different parts of the county.

Centre of Information and Education.

Little progress can be made in dealing with tuberculosis unless patients and public are educated how to live properly, what to do, and what to avoid. It is only necessary here to refer to the increased possibilities of spreading infection made possible through ignorance of the causes of the disease. That such education is still required is clear from the well-known fact that if a person suffering from consumption should expectorate in a public vehicle or elsewhere, nothing particular happens except a further spread of infectious material, but if a person expectorates into a flask or any other receptacle specially provided to prevent the spread of this infectious material, the rest of company will either complain or leave in terror or disgust.

Brief note may also be made under this heading of the important means of spreading information by public exhibitions and lectures on the causes and prevention of tuberculosis. During 1914, twelve lectures were delivered by members of the staff in different parts of the county, in each instance to a large audience. At each lecture much valuable assistance and encouragement was given by leading persons representing the local authorities and by the local public health staff.

Sleeping Shelters.

The loan of sleeping shelters is made to suitable cases, insured and non-insured, on the recommendation of the tuberculosis officer, after careful consideration of the following points :—

(1) The condition of the patient and his ability to use it properly.

(2) The position of the shelter.

(3) The home conditions of the patient.

(4) The means of communication with the nearest inhabited building in case of a sudden relapse.

Summary of work done in connection with Dispensaries, 1914.

	Insured.		Non-Insured.	
I.—Diagnosis.				
New patients examined at their homes ... ... { Applicants for Sanatorium Benefit ...	1294		107	
{ Others	239		118	
Contacts { Examined at home		746		
{ ,, the dispensary		40		
New patients examined at the dispensary	210		59	
	1743	786	284	2813
II.—Revisits at Patients' Homes.				
(1) Number of visits respecting admissions to institutions	750		6	
(2) Patients examined after discharge from an institution and treatment arranged if required	723		3	
(3) Revisits for other purposes	914		62	
	2387		71	2458
III.—Dispensary Attendances.				
(*a*) New patients	210		59	
(*b*) Old cases	567		33	
(*c*) Patients received tuberculin	30		3	
(*d*) Attendances for tuberculin	71		11	
(*e*) Contacts		40		
(*f*) Attendances after institutional treatment	52		—	
	920	40	106	1066

IV.—Treatment Recommended.	Without special nourishment. Insured.	Non-insured.	With special nourishment.	
(*a*) Sanatorium	327	34	547 } Pending	
(*b*) Hospital (pulmonary and non-pulmonary cases)	61	15	38 } removal.	
(*c*) Domiciliary with dispensary supervision	775	25	972	
(*d*) Dispensary with tuberculin	4	1	2	
(*e*) Dispensary only	12	1	—	
(*f*) No action required diagnosis complete	107	1	—	
	1286	77	1559	2922

V.—Died before treatment Commenced	12
VI.—Cases referred elsewhere or to central office...	40
VII.—Number of meetings of District Insurance Committees and Sub-Committees attended by Dispensary Officers	221
VIII.—Number of "After-care" Committees or Sub-Committees attended by Dispensary Officers	80
IX.—Number of Lectures and Addresses given on Tuberculosis	12

No loans of bedsteads or bedding have been made.

The number of persons in 1914 who received the loan of shelters was 46, insured persons 43, non-insured 3.

The erection and removal of these shelters have in every case been undertaken with the kind assistance of district medical officers of health and their sanitary inspectors.

Special Medical Appliances.

During 1914 the following medical appliances were granted :—

Insured.—Spinal jackets 6, double Thomas' splint 1. Thomas' hip splint, crutches, and boot with a pattern 1, and knee splint 1.

Non-insured.—Spinal jackets 2.

Work done in connection with Dispensaries.

The table appended is a summary of the work done in 1914 through the dispensary organisation.

It will be observed that nearly three thousand persons (insured and non-insured) were examined by the dispensary officers. Visits to the homes of tuberculous persons amounted to 2,458, including 726 visits to patients, after discharge from a residential institution. Attendances of patients at the dispensaries numbered 1,066 ; this number will in the future be largely increased by the opening of additional dispensaries.

Dispensary opened in 1913.

Wigan (Joint).—14, Rodney Street. An agreement was made with the Corporation of the County Borough of Wigan for the County Council to have the use of this dispensary on two days per week, and to pay half the rent of £20 per annum, one-half of the rates and taxes, and one-half of the cost of heating, lighting, and cleaning, together with one-half of the balance of the cost of furnishing and equipping the dispensary over and above the amount received from the Treasury for the purpose.

Dispensaries opened in 1914.

1.—Chief Dispensaries.

Ashton-under-Lyne.—Boston House, Warrington Street, purchased at a cost of £650, with an annual ground rent of £2 7s. 6d. The cost of the adaptation and equipment was £238 1s. 8d.

This dispensary was opened in September.

2.—Sub-Chief Dispensaries.

Chorley.—5, High Street, taken on a lease for 14 years, at a rental of £15 and rates. The cost of adaptation and equipment was £79 10s. 4d.

This dispensary was opened in June.

Widnes.—Brenden House, taken on lease for 10 years, at a rental of £25 and rates. The cost of adaptation and equipment was £115 13s. 8d.

This dispensary was opened in July.

Bury (Joint).—The Wylde. An agreement was entered into with the Corporation of the County Borough of Bury for the County Council to have the use of this dispensary on two

days in each week, at a rental of £20. The cost of the special articles required by the County Council for equipment was £37 4s. 2d.

This dispensary was opened in November.

Leigh.—13, Church Street, taken on a lease for 10 years, at a rental of £23 and rates. The cost of adaptation and equipment was £156 13s. 7d.

This dispensary was opened in November.

3.—Branch Dispensaries.

Swinton.—40, Chorley Road, taken on lease for 10 years, at a rental of £19 19s. and rates. The cost of adaptation and equipment was £90 3s.

This dispensary was opened in October.

Mossley.—Park Lodge, taken on lease for 7 years, at a rental of £20 and rates. The cost of adaptation and equipment was £81 1s. 1d.

This dispensary was opened in November.

County Dispensaries under construction in 1914.

Chief Dispensaries.

Lancaster.—8, Middle Street, taken on a lease for 10 years, at a rental of £30 and rates. The cost of adaptation and equipment was estimated at £250.

Accrington.—37, Avenue Parade, taken on a lease for 10 years, at a rental of £32 10s. and rates. The cost of adaptation and equipment was estimated at £200.

Eccles.—28, Gilda Brook Road, taken on lease for 10 years, at a rental of £28 and rates. The cost of adaptation and equipment was estimated at £280.

Seaforth.—7, Claremont Road, taken on a lease for 10 years, at a rental of £30 per annum and rates. The cost of adaptation and equipment was estimated at £220.

Sub-Chief Dispensaries.

Nelson.—64, Carr Road, taken on a lease for 10 years, at a rental of £35 and rates. The cost of adaptation and equipment was estimated at £195.

Rochdale.—134, Drake Street, taken on a lease for 10 years, at a rental of £50 and rates. The cost of adaptation and equipment was estimated at £340. £140 of this sum was estimated to be required for the proposed alterations to part of the building to be used by the district education committee, and will be repaid by the Lancashire Education Committee. The local education committee also agreed to recommend the Lancashire Education Committee to pay a sum of £50 per annum for rent, rates, fuel, light, and cleaning to the County Tuberculosis Committee in connection with their tenancy of a portion of the premises.

Oldham (*Joint*).—25, Barker Street, taken on a lease for 10 years, at a rental of £22 and rates. The cost of adaptation and equipment was estimated at £265. An agreement was entered into with the Corporation of Oldham to allow the Corporation to have the use of the dispensary (including the sole use of two small rooms, which will be furnished and equipped by the Corporation) on three days per week—one of which shall be Saturday—the Corporation to pay to the County Council half the rental of £22 per annum, together with half the rates and half the charges for the upkeep of the premises, including telephone charges; and also to pay a yearly sum equal to 10 per cent. of the capital cost incurred by the County Council in furnishing and equipping the dispensary, other than the two small rooms referred to above, such agreement to be determinable by either side giving to the other six months' notice in writing.

Branch Dispensary.

Ulverston.—Virginia House, taken on a lease for 10 years, at a rental of £30, including rates. The cost of adaptation and equipment of this dispensary was estimated at £175.

DOMICILIARY TREATMENT.

Sanatorium benefit granted to insured persons includes domiciliary treatment, that is treatment by a panel doctor, either at the patient's home or the doctor's surgery. All insured persons obtain free domiciliary treatment (including medicines which are on the drug tariff) from a panel doctor, who receives out of the sanatorium benefit fund the special sum of 6d. per head on all the insured persons on his list. In return for this sum the domiciliary treatment so given is subject to the following conditions laid down in the regulations of the Local Government Board, July 26th, 1912 :—

(1) That the medical practitioner attend each patient at such intervals as may be necessary in the interests of the patient.

(2) That the medical practitioner give the patient such instructions as are required as to his mode of living, diet, rest, and work, and as to precautions necessary to protect the patient against re-infection.

(3) That the medical practitioner keep on a card or sheet in the form set out in the schedule appended to the regulations, a continuous record of the clinical history of the illness of each patient and particulars of the treatment given to the patient under his direction.

(4) That the medical practitioner submit the said card or sheet to the consulting officer at such times as may be arranged between them.

(5) That the medical practitioner prepare and transmit to the consulting officer at such times as may be arranged between them, not being less often than once in three months, a report in regard to each patient giving particulars as to—

(*a*) The progress of the patient ;

(*b*) Whether the conditions under which the patient is living and receiving the treatment are satisfactory ;

(*c*) The behaviour of the patient in carrying out instructions given to him ; and

(*d*) Whether, in the opinion of the medical practitioner, any form of institutional treatment has become desirable.

(6) That the medical practitioner confer with the consulting officer at such times and in such circumstances as may be arranged between them in regard to patients under the care of the medical practitioner.

(7) That the medical practitioner from time to time inform the medical officer of health of the sanitary district in which the patient resides of any circumstances known to the medical practitioner which may affect adversely the sanitary conditions under which the patient is living, and in respect to which action by the medical officer of health or of the sanitary authority, would in the opinion of the medical practitioner, be necessary or desirable.

It will be clear from the above that the problem of domiciliary treatment cannot be treated solely as it affects the medical practitioners on the panel, but must be considered with the Lancashire County Council's complete scheme

dealing with tuberculosis. The efficiency of domiciliary treatment, as it is carried out at present, depends upon the amount of co-operation which can be effected between the medical practitioners and the whole-time officers of the County Council. In so far as the County Council's scheme may be ineffectual, owing to incomplete development, so will domiciliary treatment produce less satisfactory results.

As previously stated it is now generally agreed that the most efficacious treatment of tuberculosis is more a question of hygiene than therapeutics, but so long as there is no complete isolation of persons in institutions, there must always be some who require immediate treatment for urgent symptoms. For such treatment a doctor will always be required near at hand. All cases, however, under domiciliary treatment should be at the same time under dispensary supervision, so that the treatment given by the panel doctor may be guided by the advice and help of the dispensary officer and his staff.

Finally, the value of domiciliary treatment is considerably increased if the patient has received even a short period of institutional treatment, for such treatment impresses upon the patient more forcibly than any other way how much depends upon his own efforts to keep well, or avoid being a danger to others.

Special Nourishment.

Insured persons who are granted domiciliary treatment as part of the sanatorium benefit provisions of the National Insurance Act, may receive special nourishment. This is only granted by the Lancashire Insurance Committee on the recommendation of the tuberculosis officer that such will in all reasonable probability help to restore the working capacity of the patient, or on the same principle as any other form of medical treatment. It is not granted as a substitute of poor law outdoor relief. The articles provided include milk, cream, and

eggs, meat extracts, food tonics, and proprietary medicine not on the drug tariff. The exact quantities recommended are stated by the tuberculosis officer on a form which is sent to the clerks of the district insurance committees, and the total amount per week must not exceed five shillings. Any single recommendation is limited to a maximum period of three months, when it is again reconsidered.

The number of insured persons granted special nourishment in 1914 by the district insurance committees was 801, this total including 628 who were granted this form of benefit pending removal to an institution.

An insurance committee may, if it thinks desirable, extend sanatorium benefit to the dependants of insured persons resident in their area, or they may extend the benefit to any particular class of dependants. As the funds of the Lancashire Insurance Committee available for defraying the expenses of sanatorium benefit have been found to be insufficient to meet the expenditure on that benefit for *insured* persons, the Committee have been unable to give treatment to dependants. As previously stated, however, the County Council have undertaken to provide, in due course, residential and dispensary treatment for the *whole* population, but they are not empowered to grant domiciliary treatment or special nourishment.

SANATORIUM AND HOSPITAL ACCOMMODATION AND TREATMENT.

(1) Pulmonary Tuberculosis Children and Adults.

In the original scheme, approved by the County Council, dealing with tuberculosis, the number of beds required for the treatment and isolation of pulmonary cases of tuberculosis (consumption), children and adults, was estimated to be 700. It is important to remember that this estimate was based on the interim report of the Departmental Committee on Tuberculosis and expressly excluded what were called "poor law cases." In 1913 the Local Government Board referred to this point as follows:—

> "The maintenance grant is available in respect of the institutional treatment by a County Council or Borough Council of *all* cases of tuberculosis, including cases of destitute persons who would otherwise be treated by the guardians. It is, therefore, desirable that in course of time schemes for the institutional treatment of tuberculosis, established by County and County Borough Councils, should be developed so as to make provision for all classes of the community, including poor law cases. The maintenance grant of one-half of the net annual cost of such schemes has been provided, with a view to encouraging development in this direction. The concentration in the hands of one authority of the institutional treatment of tuberculosis in any area should lead to increased efficiency, and should ultimately result in some economy."

From some enquiries made in 1914, the number of beds in the poor law institutions used by patients from the administrative county was about 300. If, therefore, the arrangements

for the treatment of all cases of tuberculosis be placed under one authority—the County Council—future experience will probably show that the number 700 is not sufficient.

Children.

Arrangements for the residential treatment of children suffering from pulmonary tuberculosis were under consideration during the year, and will be referred to in my report for 1915.

Adults.

The institutions for treatment of pulmonary tuberculosis are officially divided into two classes, those which take early or curative cases, and those which take advanced, observation, and isolation cases. It is not advisable to fill any one institution with advanced or hopeless cases for very obvious reasons. At the same time such cases should have treatment as near their homes as possible. If this be carried out in a county area, the number in any one institution will be small, and as the cost of maintaining such institutions would be prohibitive if erected separately by the County Council, arrangements have been, and are being made, to effect the treatment of such cases in connection with existing isolation hospitals.

Arrangement for Residental Treatment and Progress with the Erection of County Sanatoria.

1.—County Sanatoria.

Elswick Sanatorium, near Kirkham.

The alterations and additions to this institution, which was previously a small-pox hospital, were completed during the year, and the first patients were admitted on July 27th, 1914. At the end of the year 33 patients were receiving treatment. The institution will hold a maximum number of 50 patients. On the outbreak of the war, the medical superintendent, Dr. W. Dawson, resigned to take up military duty.

and in September Dr. K. J. C. Bradshaw was appointed as temporary medical superintendent, and continued up to the end of December, 1914.

The general results of the alterations at this institution have been much more favourable than expected, and a more detailed account will be given in my report for 1915.

Peel Hall, Wynne-Corrie Sanatorium, Little Hulton, near Bolton.

This hall, with seventeen acres of land, was presented to the County Council by Mr. Wynne-Corrie in 1913. An additional twenty acres of land in front of the hall was purchased, and plans for the necessary alterations and additions were prepared by the county architect, and were under consideration during the year.

Owing to the war, further progress has been suspended.

High Carley Sanatorium, near Ulverston.

The building of this sanatorium commenced in May, 1914, and steady progress was made up to the outbreak of the war. Since then the work has progressed much slower and with more difficulty.

The original plans provide accommodation for 92 patients, 18½ acres of land being attached to the institution. Five and a half additional acres of adjoining land (including a cottage) were purchased in August, partly for sewage purposes and partly in order to increase the bed accommodation at a later date, so that the capital cost and maintenance charges per bed might be considerably reduced.

By the end of the year all foundations and concrete floors had been completed, together with most of the brickwork and roof timbers.

2.—Accommodation in connection with existing Isolation Hospitals.

Heath Charnock Sanatorium, near Chorley.

An agreement has been entered into with the Chorley Joint Hospital Board to lease to the County Council 1½ acres of land adjoining the Joint Hospital Board's isolation hospital at £20 per annum, for a period of 30 years. On this land the County Council have erected two pavilions, one for male and one for female patients, containing 16 and 14 beds respectively, together with a dining hall and some additional staff accommodation.

The erection and equipment, including furnishing, of these new buildings has been carried out by the County Council at an estimated cost of £5,000, the Local Government Board contributing the usual grant of £90 per bed as regards the capital expenditure.

The maintenance and medical treatment of the patients are carried out by the Chorley Joint Hospital Board, the Joint Board having entered into an agreement with the County Council to maintain and treat the 30 patients at a cost of 25s. per week per patient, this sum being paid whether the beds are occupied or not.

The buildings were completed in October, and the first patient admitted on the 30th November, 1914.

During the year negotiations were in progress to obtain accommodation for advanced, observation, and isolation cases at the following hospitals :—

Hindley Isolation Hospital ...	...	20 beds.
Lancaster ,, ,, ...	...	18 ,,
Wigan (Pemberton) ,, ...	...	4 ,,
Widnes ,, ,, ...	...	28 ,,

In addition, arrangements for further accommodation for these cases were in progress with the following :—

Rochdale, Springfield Sanatorium ...	15 beds.	
Bury Joint Hospital Board	...	40 ,,

With the exception of the accommodation at Pemberton and Lancaster the arrangements have all been suspended during the war.

Payment of Railway Fares of Patients admitted to Residential Institutions.

The Lancashire Insurance Committee defray the expenses incurred in the conveyance of insured persons to or from a residential institution, and the County Council pay similar expenses as regards non-insured persons. Arrangements have been made with various railway companies whereby persons who are granted sanatorium treatment receive on entering and leaving an institution a railway ticket in exchange for a voucher issued by the central office.

Special Arrangement for Non-insured Persons.

During the year the number of insured persons recommended for treatment was always greater than the total accommodation available. As insured persons were given a preference as regards treatment over non-insured persons, the latter were unable in the ordinary way to receive residential treatment. In order, however, to assist non-insured persons who can obtain beds which would not be used by insured persons, the following resolution was passed by the County Council :—

> "That where a non-insured person suffering from tuberculosis can make private arrangements to enter a sanatorium, the institutional charges for the maintenance and treatment of the patient be refunded by the County Council up to an amount of 30s. per week, provided the central tuberculosis officer has recommended the patient for such treatment and the institution is one approved by the Local Government Board."

The following Table shows the number of beds occupied for the residential treatment of pulmonary tuberculosis (adults) at the end of 1913 and 1914 as 144 and 231 respectively.

If the original estimate of 700 beds is taken, and 100 of these are set aside for children, 369 adult beds were still required at the end of 1914 :—

Sanatoria—

	Number of Beds. End of 1913.	End of 1914.		
Meathop, near Grange-over-Sands	40	40		
Aitken, near Bury	20	22		
Elswick, near Kirkham ...	—	33		
Crossley, Delamere Forest ...	—	1		
Woodburn, Edinburgh ..	8	8		
Felix House, Co. Durham ...	15	15		
Wilkinson, Bolton	10	19		
Liverpool, Kingswood ...	11	—		
Ventnor, Isle of Wight ...	5	5		
Strinesdale, Oldham ...	7	1		
Shelf, near Halifax	—	19		
Pinewood, Wokingham ...	—	2		
Ashover, Derbyshire ...	1	—		
East Anglian, Malting's Farm	1	—		
Hospital for Consumption, Liverpool	1	—		
Military Hospital, Fulwood...	1	—		
			120	165
Hospitals (Pulmonary)—				
Ainsworth, near Bury ...	5	13		
Bull Hill, Darwen	18	18		
Heath Charnock, near Chorley	—	23		
Westhulme, Oldham ...	1	4		
			24	58
Bury Observation Sanatorium ...	—	8	—	8
Totals ...			144	231

Summary of Results of Residential Treatment Classified according to Stage on Admission.

*Stage of Disease on Admission to Institution.	Number of Patients Discharged in 1914.	Average duration of Treatment in months.	Patients left County or not traceable; or Treatment discontinued for other than Medical reasons.	Within —— Months of Discharge.											
				3 Months.			6 Months.			9 Months.			12 Months.		
				Cases terminating fatally.	Still under Domiciliary or Dispensary treatment, and not fit for work.	At work, or fit for work.	Cases terminating fatally.	Still under Domiciliary or Dispensary treatment, and not fit for work.	At work, or fit for work.	Cases terminating fatally.	Still under Domiciliary or Dispensary treatment, and not fit for work.	At work, or fit for work.	Cases terminating fatally.	Still under Domiciliary or Dispensary treatment, and not fit for work.	At work, or fit for work.
Stage I. ..	Males 112	2·94	9	1	9	22	2	5	27	1	4	15	..	2	15
	Females 80	3·28	7	..	8	23	2	5	17	..	4	9	1	2	2
	Total 192	3·03	16	1	17	45	4	10	44	1	8	24	1	4	17
Stage II. ..	Males 150	2·99	15	6	15	24	1	10	25	2	8	23	..	4	17
	Females 89	3·12	6	..	9	19	3	12	17	..	4	6	1	8	4
	Total 239	3·04	21	6	24	43	4	22	42	2	12	29	1	12	21
Stage III. ..	Males 172	2·89	17	15	16	27	10	20	22	5	13	15	1	4	7
	Females 57	3·17	1	1	6	4	4	7	8	2	6	7	1	9	1
	Total 229	2·96	18	16	22	31	14	27	30	7	19	22	2	13	8

* Classified according to system of Turban-Gerhard.

Results of Residential Treatment.

PULMONARY CASES. INSURED PERSONS ONLY.

The table on the opposite page shows that during the year 660 insured persons were discharged after treatment in residential institutions. The condition of these cases (with a few exceptions) is given as on December 31st, 1914.

In discussing the figures it should be remembered that only the patients in the first stage of the disease on admission had the best chance of being discharged fit for work, and that the patients in the third stage of the disease were admitted, not because a cure was probable, but in most instances for educational purposes, and also as far as possible for isolation.

No attempt has been made to divide the cases according to results of sputum examinations. While it is always interesting to have absolute proof of the diagnosis, a large number, and one hopes an increasing number, of patients will receive residential treatment in the first stage of the disease *without any sputum at all*.

The table below, relative to the patients discharged from institutions during 1914, shows the percentages of patients *at work, or fit for work*, after the lapse of three, six, nine, and twelve months respectively from the date of discharge :—

*Stage of Disease on Admission to Institution.	Number of Patients Discharged in 1914.	Period which elapsed between date of discharge from institution and the end of the year 1914.			
		3 months.	6 months.	9 months.	12 months.
		Percentage of patients at work or fit for work at the end of these periods.			
		%	%	%	%
I.	192	71	75	72	77
II.	239	58	61	67	61
III.	229	44	42	45	34

* Classified according to system of Turban-Gerhard.

(2) Non-Pulmonary Tuberculosis—Children and Adults.

At the time the original scheme was submitted, in November, 1912, to the County Council, no figures at all were available to indicate the probable provision necessary for the institutional treatment of non-pulmonary tuberculosis.

The preliminary arrangements made during the year are set out below.

Children.

In December an agreement was entered into between the County Council and the Leasowe Hospital Authorities, Cheshire, for the reservation of four beds for the treatment of children under 16 years suffering from non-pulmonary tuberculosis.

Further arrangements for children will appear in the report for 1915.

Adults.

(*a*) *Acute Cases.*—What may be called the *acute* cases have in the past been treated at general hospitals; some of these general hospitals have been approved by the Local Government Board as institutions with which local authorities may make arrangements for the treatment of surgical tuberculosis.

Details are given below of the arrangements with general hospitals made during 1914, the number of cases treated, and results of treatment :—

	No. of beds available	Payment per week.		No. of Patients admitted in 1914.
		s.	d.	
David Lewis Northern Hospital, Liverpool	... as vacancies arise	27	6	3
Royal Southern Hospital, Liverpool ...	... as vacancies arise	27	6	5
Royal Infirmary, Manchester	... as vacancies arise	40	0	31

It is unfortunate, however, that arrangements with many general hospitals situated either in the Administrative County or in a County Borough are rendered impossible because the trustees or managers will not apply for approval under the National Insurance Act, notwithstanding that many of the largest and best hospitals do not object to this course. Persons requiring operation for an acute condition, or cripples, are best treated as near their homes as possible, provided of course the necessary treatment can be skilfully performed.

(*b*) *Chronic Cases.*—At the present time there is little accommodation available for these cases; the amount of accommodation required to complete the County Council scheme has been under consideration, and will be more fully referred to in my report for 1915.

TABLE showing results of treatment of *insured* persons admitted to general hospitals during 1914 :—

	Males.	Females	Result.	
Royal Infirmary, Manchester	19	...	Cured	5
			Improved	9
			Stationary	1
			Died	1
			Still under treatment	3
Do.	...	10	Cured	3
			Improved	5
			Stationary	1
			Still under treatment	1
David Lewis Northern Hospital, Liverpool	2	...	Improved	2
Royal Southern, Liverpool	2	...	Stationary	1
			Died	1
Totals ...	23	10		33

TABLE showing results of treatment of *uninsured* persons admitted to general hospitals during 1914 :—

	Males	Females	Result.		
Royal Southern Hospital, Liverpool	...	3	Relieved ...	...	1
			Satisfactory	...	1
			Stationary	...	1
Royal Infirmary, Manchester	2	...	Relieved ...	...	1
			Satisfactory	...	1
David Lewis, Northern Hospital, Liverpool	1	...	Improved ...	...	1
Totals ...	3	3			6

APPLICATIONS FOR SANATORIUM BENEFIT.

Insured and Non-Insured.

All applications for sanatorium benefit (insured and non-insured) were received and dealt with by the county tuberculosis department, and the following Tables show briefly the number of applications during 1914.

(1) INSURED PERSONS.

From Table 1. it will be observed that the total number of new applications of *insured* persons for sanatorium benefit during 1914 was 1,246. Of these, 1,118 were pulmonary cases (consumption), 88 non-pulmonary cases, and 40 were not tubercular, or declined treatment, or removed to another area before treatment commenced.

TABLE (I.) showing the number of insured persons applying for sanatorium benefit, examined by the dispensary officers, recommended for treatment, and receiving treatment during the period from 12th January, 1914, to 31st December, 1914, inclusive.

N.B.—In this table a person who received treatment within the period appears once, and once only, even though he has received treatment in more than one form. A person whose course of treatment began prior to 12th January, 1914, and continued into the period does NOT appear in this table.

	Number of Applicants		Not recommended for reasons other than those of health, *e.g.*, applicant not insured.	Not treated for reasons such as those stated in footnote.*	Received Treatment.†		
	(*a*) Whose applications were received before 12th Jan., 1914, but who did not receive treatment till on or after that date.	(*b*) Whose applications were received during the period.			(*a*) Pulmonary Cases.	(*b*) Non-Pulmonary Cases.	(*c*) Total
Men	14	771	...	25	710	50	760
Women ...	10	451	...	15	408	38	446
TOTALS ...	24	1222	...	40	1118	88	1206

* (i) On expert examination found not to be suffering from tuberculosis.
(ii) Removed to another area.
(iii) Declined the treatment for which nominated.
(iv) Application under consideration on 31st December, 1914.

† These figures include all of the applicants included in the left-hand columns (*a*) and (*b*) who received treatment during the period.

Non-Insured Persons.

Table II. below shows that 107 non-insured persons applied for sanatorium benefit, this number including 33 children under the age of 16. In 33 instances the dispensary officers reported that no treatment was required: of the remaining 74 cases, 64 received treatment in a residential institution and 10 at a dispensary.

		No. of Applicants	Not treated. Tuberculosis Officer reporting treatment not necessary.	Received Treatment.		
				(*a*) Pulmonary cases.	(*b*) Non-Pulmonary cases.	(*c*) Total.
Men		17	8	7	2	9
Women		41	8	28	5	33
Children (under 16 years)	Boys	22	6	9	7	16
	Girls	27	11	13	3	16
Totals ...		107	33	57	17	74

APPENDIX I.

SUMMARY OF RESULTS OF TREATMENT OF INSURED PATIENTS SUFFERING FROM PULMONARY TUBERCULOSIS, IN RESIDENTIAL INSTITUTIONS, YEAR 1914.

SANATORIA.

INSTITUTION. Sex.	Stage of Disease.	Number of persons receiving or received treatment, 1914.	DURATION OF TREATMENT. 1 Month or under.	2 Months or under.	3 "	4 "	5 "	6 "	7 "	Died in the Institution.	Still under treatment, 31/12/14	CONDITION ON DISCHARGE. Disease Arrested.	Improved.	In *statu quo*.	Worse.	No Report.	Fit for Work. Full.	Slight.	None.	No Information	TREATMENT AFTER DISCHARGE. Domiciliary or Dispensary.	Shelter.	None.	No Information	CASES TERMINATING FATALLY AFTER DISCHARGE. Period after Discharge. Within 3 Mths.	" 6 "	" 9 "	" 12 "	Patients left County or not traceable; or Treatment discontinued for other than Medical reasons.	CONDITION OF PATIENT ON 31st DEC., 1914 (or latest date examined). Within ——— Months of Discharge. 3 Months. Still under Domiciliary or Dispensary treatment and not fit for work.	3 Months. At work, or fit for work.	6 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	6 Months. At work, or fit for work.	9 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	9 Months. At work, or fit for work.	12 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	12 Months. At work, or fit for work.	No Information.
AITKEN.																																						
Males ...	I.	31	...	2	12	7	2	...	...	...	8	8	12	3	...	...	10	10	3	...	16	1	5	1	...	1	...	...	2	1	7	1	6	...	4	...	...	1
,, ...	II.	26	1	3	9	9	1	...	1	...	2	...	19	3	2	...	4	15	4	1	14	...	5	5	1	...	1	...	2	2	5	3	3	1	4	1	1	...
,, ...	III.	20	...	3	8	4	2	...	...	...	3	1	12	2	2	...	1	11	5	...	12	2	2	1	2	...	1	...	...	1	3	4	2	2	2	...	...	...
Females ...	I.	21	...	1	8	5	2	...	...	1	4	7	8	1	...	...	9	3	3	1	16	...	...	...	...	...	...	1	...	1	6	...	4	1	3	...	...	...
,, ...	II.	15	...	1	6	2	2	...	...	...	4	3	6	...	2	...	4	5	2	...	9	...	1	1	...	...	...	...	...	...	4	3	2	2	...	...	...	...
,, ...	III.	5	...	...	1	1	3	...	...	...	...	...	4	1	...	...	...	...	3	2	3	...	1	1	...	...	...	...	...	2	...	1	...	1	...	1	...	...
CROSSLEY																																						
Males ...	I.	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
,, ...	II.	2	...	...	2	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...	1	...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
,, ...	III.	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Females ...	I.	2	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
,, ...	II.	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	III.	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ELSWICK.																																						
Males ...	I.	5	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	II.	11	1	...	...	...	...	...	...	...	10	...	...	1	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
,, ...	III.	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Females ...	I.	9	...	1	2	...	1	...	...	...	5	2	2	...	...	...	3	...	1	...	3	...	...	1	...	...	...	...	1	1	2	...	...	...	...	...	...	...
,, ...	II.	7	...	...	1	...	1	...	...	...	5	1	1	...	...	...	2	...	...	...	2	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...
,, ...	III.	4	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
FELIX HOUSE.																																						
Males ...	I.	28	3	9	5	3	...	...	...	...	8	...	17	1	1	1	6	11	2	1	11	1	6	2	...	1	...	...	1	1	2	...	5	...	5	...	5	...
,, ...	II.	33	2	3	13	10	1	...	...	...	4	...	25	2	...	2	5	16	5	3	19	...	5	5	...	...	...	...	2	3	3	1	8	1	8	1	2	...
,, ...	III.	10	1	3	2	2	1	...	...	...	1	...	7	1	1	...	...	3	5	1	7	...	1	1	1	...	...	...	2	...	3	...	3	...	...	...	...	...
Females ...	I.	9	...	2	1	3	1	1	...	...	1	...	7	1	...	...	1	6	1	...	4	...	2	2	...	1	...	...	1	1	...	...	2	...	2	...	...	1
,, ...	II.	7	...	1	...	3	1	...	...	...	2	...	4	1	...	...	...	4	1	...	...	...	4	1	...	...	...	...	1	...	2	1	...	...	1	...	...	...
,, ...	III.	1	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
HALIFAX.																																						
Males ...	I.	7	...	2	2	...	...	...	...	...	3	...	4	...	...	...	4	...	...	...	2	...	2	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...
,, ...	II.	10	...	2	...	...	...	...	...	...	8	...	1	1	...	...	...	1	1	...	1	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...
,, ...	III.	3	...	1	1	...	...	...	...	...	1	1	1	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
Females ...	I.	6	...	1	1	...	...	...	...	...	4	1	1	...	...	...	1	1	...	...	1	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
,, ...	II.	9	...	...	8	...	...	...	...	...	1	1	7	...	...	...	7	1	...	...	8	...	...	...	...	...	...	...	...	1	4	...	3	...	...	...	...	...
,, ...	III.	4	...	...	2	...	...	...	...	...	2	...	2	...	...	...	1	1	...	...	2	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...
Carried forward...	...	288	8	35	86	50	18	1	1	1	88	26	143	18	9	3	60	91	39	9	136	4	38	21	4	3	2	1	13	19	47	17	41	9	30	3	8	2

SANATORIA.—*Continued.*

INSTITUTION. Sex.	Stage of Disease.	Number of Persons receiving or received treatment, 1914.	DURATION OF TREATMENT. 1 Month or under.	2 Months or under.	3 "	4 "	5 "	6 "	7 "	Died in the Institution.	Still under treatment, 31/12/14	CONDITION ON DISCHARGE. Disease Arrested.	Improved.	In *statu quo*.	Worse.	No Report.	Fit for Work. Full.	Slight.	None.	No Information.	TREATMENT AFTER DISCHARGE. Domiciliary or Dispensary.	Shelter.	None.	No Information.	CASES TERMINATING FATALLY AFTER DISCHARGE. Period after Discharge. Within 3 Mths.	" 6 "	" 9 "	" 12 "	Patients left County or not traceable; or Treatment discontinued for other than Medical reasons.	CONDITION OF PATIENT ON 31st DEC., 1914 (or latest date examined). Within ——— Months of Discharge. 3 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	3 Months. At work, or fit for work.	6 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	6 Months. At work, or fit for work.	9 Months. Still under Domiciliary or Dispensary treatment. and not fit for work.	9 Months. At work, or fit for work.	12 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	12 Months. At work, or fit for work.	No Information.
Brought forward	...	288	8	35	86	50	18	1	1	1	88	26	143	18	9	3	60	91	39	9	136	4	38	21	4	3	2	1	13	19	47	17	41	9	30	3	8	2
(LIVERPOOL)																																						
KINGSWOOD.																																						
Males ...	I.	8	...	...	5	3	...	...	...	...	...	5	3	...	...	...	8	...	...	...	5	...	...	3	...	...	...	...	1	1	1	...	...	1	1	1	2	...
,, ...	II.	7	...	1	4	2	...	...	...	...	...	2	5	...	...	...	5	2	...	...	7	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	4	...
,, ...	III.	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Females ...	I.	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	II.	2	...	...	1	1	...	...	...	...	...	...	2	...	...	...	1	1	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
,, ...	III.	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
MEATHOP.																																						
Males ...	I.	24	2	5	8	2	...	...	...	...	7	8	6	1	1	1	6	6	3	2	10	...	6	1	...	...	...	...	...	...	5	1	6	...	2	...	3	...
,, ...	II.	36	3	7	17	5	1	...	...	...	3	7	22	2	1	1	3	19	8	3	20	2	10	1	2	1	...	...	4	...	7	2	4	3	5	1	4	...
,, ...	III.	47	1	15	18	7	1	...	...	1	4	5	27	10	...	...	1	12	25	4	35	2	5	...	2	5	3	...	1	2	8	2	5	5	2	3	4	...
Females ...	I.	30	3	6	13	4	...	...	...	...	4	9	14	1	1	1	9	10	6	1	20	1	4	1	...	...	...	...	2	2	9	1	7	...	4	1	...	...
,, ...	II.	50	3	10	22	5	...	...	...	...	10	9	25	5	...	1	6	14	17	3	32	2	3	3	...	2	...	...	...	5	7	3	11	...	3	6	3	...
,, ...	III.	35	...	9	15	8	...	...	...	...	3	3	21	8	...	...	1	14	14	3	27	1	1	3	1	3	1	1	...	2	1	3	5	1	6	7	1	...
PINEWOOD.																																						
Males ...	I.	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
,, ...	II.	3	...	...	2	...	...	...	...	1	...	1	1	...	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
,, ...	III.	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
STRINESDALE.																																						
Males ...	I.	4	...	4	...	...	...	...	...	...	...	2	2	...	...	...	...	4	...	...	2	...	2	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...
,, ...	II.	6	1	2	2	1	...	...	...	...	...	2	2	1	...	1	...	4	1	1	4	...	1	1	...	...	1	...	...	...	1	1	...	1	1	1	1	...
,, ...	III.	3	...	1	...	2	...	...	...	...	...	...	3	...	...	...	...	3	...	...	2	...	1	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...
Females ...	I.	5	...	...	1	2	1	...	...	...	1	1	3	...	...	...	1	3	...	...	4	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	...
,, ...	II.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	III.	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
VENTNOR.																																						
Males ...	I.	12	1	1	4	2	...	2	...	...	2	4	4	1	...	1	3	4	1	2	6	...	1	3	...	...	...	...	2	4	1	3	...	...	...	...	...	...
,, ...	II.	2	...	...	...	...	1	...	...	...	1	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
,, ...	III.	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Females ...	I.	8	1	2	1	1	...	3	...	...	...	2	5	1	...	...	...	1	6	1	6	...	2	...	...	1	...	...	...	2	1	2	...	1	...	1	...	...
,, ...	II.	3	...	...	...	1	...	2	...	...	...	...	2	1	...	...	...	2	1	...	2	...	...	1	...	1	...	...	1	...	...	1	...	...	...	...	...	...
,, ...	III.	1	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Carried forward...	...	578	23	98	202	96	22	8	2	4	123	87	292	51	12	9	108	191	123	29	324	12	77	38	9	16	8	3	25	37	93	38	83	22	59	25	31	2

SANATORIA.—*Continued.*

INSTITUTION. Sex.	Stage of Disease.	Number of Persons receiving or received treatment, 1914.	DURATION OF TREATMENT. 1 Month or under.	2 Months or under.	3 "	4 "	5 "	6 "	7 "	Died in the Institution.	Still under treatment, 31/12/14	CONDITION ON DISCHARGE. Disease Arrested.	Improved.	In *statu quo*.	Worse.	No Report.	Fit for Work. Full.	Slight.	None.	No Information	TREATMENT AFTER DISCHARGE. Domiciliary or Dispensary.	Shelter.	None.	No Information	CASES TERMINATING FATALLY AFTER DISCHARGE. Period after Discharge. Within 3 Mths.	" 6 "	" 9 "	" 12 "	Patients left County or not traceable; or Treatment discontinued for other than Medical reasons.	CONDITION OF PATIENT ON 31st DEC., 1914 (or latest date examined). Within ——— Months of Discharge. 3 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	3 Months. At work, or fit for work.	6 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	6 Months. At work, or fit for work.	9 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	9 Months. At work, or fit for work.	12 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	12 Months. At work, or fit for work.	No Information.
Brought forward ...	...	578	23	98	202	96	22	8	2	4	123	87	292	51	12	9	108	191	123	29	324	12	77	38	9	16	8	3	25	37	93	38	83	22	59	25	31	2
WILKINSON.																																						
Males ...	I.	12	1	...	3	2	...	...	...	...	6	5	1	...	...	...	3	3	...	...	4	...	1	1	...	...	...	...	...	...	2	...	1	1	1	...	1	...
,, ...	II.	14	1	1	10	...	...	...	...	...	2	5	6	...	...	1	2	8	1	1	11	...	...	1	...	...	...	...	...	4	2	2	2	...	...	2	...
,, ...	III.	12	...	3	4	1	...	...	...	...	4	2	4	1	...	1	...	5	3	...	6	...	...	2	2	...	...	...	...	...	1	1	2	1	1	...	...
Females ...	I.	6	...	...	2	1	...	...	...	...	3	2	1	...	...	...	2	1	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	1	...	2	...
,, ...	II.	8	...	3	2	1	...	...	...	...	2	2	3	...	1	...	...	3	3	...	3	...	3	...	...	...	...	...	2	2	...	2	...	...	...	...	...
,, ...	III.	8	...	1	3	...	...	...	...	...	4	2	2	...	...	...	...	3	1	...	2	...	2	...	...	...	...	...	1	...	1	...	1	1	...	...	...
WOODBURN.																																						
Males ...	I.	14	...	4	3	3	...	...	...	...	4	1	9	...	...	...	2	8	...	...	4	...	4	2	...	...	...	...	1	1	1	...	5	...	...	...	2	...
,, ...	II.	5	...	1	1	1	1	...	...	...	1	...	4	...	...	...	1	3	...	...	3	...	...	1	...	...	...	...	...	...	1	...	1	...	1	...	1	...
,, ...	III.	3	...	2	...	1	...	...	...	...	...	...	2	1	...	...	1	1	1	...	2	...	...	1	...	...	...	...	...	...	1	1	...	1	1	...	...	...
Females ...	I.	8	...	1	3	2	...	...	...	...	2	1	5	...	...	...	1	5	...	...	4	...	1	1	...	...	...	...	1	1	1	1	2	...	...	...	...	...
,, ...	II.	10	...	1	5	2	...	...	...	...	2	...	7	1	...	...	1	5	2	...	7	...	...	1	...	...	...	...	1	...	1	...	1	1	...	...	...	...
,, ...	III.	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*OTHER INSTITUTIONS																																						
Males ...	I.	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
,, ...	II.	3	1	...	1	1	...	...	...	...	...	...	2	1	...	...	...	3	...	...	2	1	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...
,, ...	III.	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Females ...	I.	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
,, ...	II.	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
,, ...	III.	2	...	1	...	1	...	...	...	...	...	...	1	1	...	...	...	1	1	...	1	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
TOTAL ...	...	688	26	116	239	116	23	9	2	4	153	107	343	57	13	11	121	242	138	30	377	13	91	50	11	16	8	3	35	46	105	46	97	30	65	27	40	2

* Ashover, Bowden, Dartmoor, East Anglian, Edward VII., Wensleydale, Winsley.

INSTITUTIONS FOR ADVANCED, OBSERVATION, AND ISOLATION CASES.

INSTITUTION. Sex.	Stage of Disease.	Number of persons receiving or received treatment, 1914.	DURATION OF TREATMENT. 1 Month or under.	2 Months or under.	3 "	4 "	5 "	6 "	7 "	Died in the Institution.	Still under treatment, 31/12/14	CONDITION ON DISCHARGE. Disease Arrested.	Improved.	In *statu quo*.	Worse.	No Report.	Fit for Work. Full.	Slight.	None.	No Information	TREATMENT AFTER DISCHARGE. Domiciliary or Dispensary.	Shelter.	None.	No Information	CASES TERMINATING FATALLY AFTER DISCHARGE. Period after Discharge. Within 3 Mths.	6 "	9 "	12 "	Patients left County or not traceable; or Treatment discontinued for other than Medical reasons.	CONDITION OF PATIENT ON 31st DEC., 1914 (or latest date examined). Within ——— Months of Discharge. 3 Months. Still under Domiciliary or Dispensary treatment and not fit for work.	3 Months. At work, or fit for work.	6 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	6 Months. At work, or fit for work.	9 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	9 Months. At work, or fit for work.	12 Months. Still under Domiciliary or Dispensary treatment, and not fit for work.	12 Months. At work, or fit for work.	No Information.
AINSWORTH.																																							
Males ...	I.	2	...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	...	2	...	1	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
,, ...	II.	3	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	III.	36	1	5	3	8	...	2	...	7	10	1	13	3	1	1	...	10	7	2	12	2	2	3	3	...	...	...	5	5	3	...	2	1	...	...	...	...	...
Females ...	I.	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	II.	2	...	...	1	...	1	...	...	...	...	1	...	...	...	1	1	...	...	1	...	...	2	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
,, ...	III.	8	...	...	1	2	1	...	...	2	2	...	2	2	...	...	...	2	2	...	2	1	1	...	...	1	...	...	...	1	1	...	...	...	1	...	...	...	...
BURY.																																								
Males ...	I.	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	II.	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	III.	4	3	...	1	...	...	...	...	...	...	...	3	1	...	...	...	3	1	...	1	...	1	2	...	...	...	...	2	1	1	...	...	...	...	...	...	...	...
Females ...	I.	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	II.	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	III.	3	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
DARWEN.																																								
Males ...	I.	5	...	1	2	2	...	...	...	...	...	1	2	2	...	...	2	3	...	...	3	...	2	...	1	...	1	...	...	...	...	...	1	...	1	1	...	...	...
,, ...	II.	26	2	7	5	6	...	1	...	...	5	5	13	1	1	1	10	6	5	...	14	1	4	2	3	...	...	...	2	3	3	...	3	2	2	...	2	1	...
,, ...	III.	72	4	12	22	14	...	1	...	6	13	6	38	3	5	1	28	15	9	1	39	1	8	5	3	5	1	...	4	6	5	12	6	2	4	1	3	1	...
WESTHULME.																																								
Males ...	I.	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ...	II.	3	1	1	...	1	...	...	...	...	...	...	...	2	...	1	...	...	2	1	1	...	1	1	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...
,, ...	III.	11	1	8	2	...	...	...	...	...	...	...	5	4	2	...	...	6	5	...	10	...	...	1	2	...	...	...	1	1	1	...	2	1	3	...	...	...	...
Females ...	I.	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
,, ...	II.	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
,, ...	III.	7	1	2	...	...	...	...	...	...	4	...	1	2	...	...	...	1	1	1	3	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...
TOTAL ...	...	187	13	36	38	36	2	4	...	19	39	14	80	20	10	5	41	47	35	6	88	5	22	14	12	6	2	1	16	17	14	13	19	9	10	2	6	2
SANATORIA SUMMARISED ...	...	688	26	116	239	116	23	9	2	4	153	107	343	57	13	11	121	242	138	30	377	13	91	50	11	16	8	3	35	46	105	46	97	30	65	27	40	2	
ADVANCED, OBSERVATION, AND ISOLATION CASES SUMMARISED ...		187	13	36	38	36	2	4	...	19	39	14	80	20	10	5	41	47	35	6	88	5	22	14	12	6	2	1	16	17	14	13	19	9	10	2	6	2	
GRAND TOTAL...		875	39	152	277	152	25	13	2	23	192	121	423	77	23	16	162	289	173	36	465	18	113	64	23	22	10	4	51	63	119	59	116	39	75	29	46	4	

APPENDIX II.

Scheme for Recording Environmental Conditions of Tuberculosis Cases by Dispensary Officers and Tuberculosis Nurses.

The Administrative County of Lancaster has been divided into 6 dispensary areas. To each of these areas a dispensary officer has been appointed, and, within the next few weeks, each area will have one dispensary tuberculosis nurse (to be increased when necessary), who will act under the direction of the dispensary tuberculosis officer.

The chief duties of these nurses will be to visit the homes of persons who have been notified as suffering from tuberculosis, or who have been granted some form of treatment by the Lancashire County Council or the Lancashire Insurance Committee, and to prepare reports, and generally to assist the dispensary tuberculosis officers.

In the Memorandum of the Local Government Board, dated 20th December, 1912, relating to the "Public Health (Tuberculosis) Regulations, 1912," it is stated in regard to article XII., "It is essential that there should be close co-operation between the medical officer of health and the tuberculosis officer of the dispensary which serves the district of the sanitary authority"; and, further, "in counties . . . it may be desirable that the tuberculosis officer, or some other officer of the dispensary, should undertake the duties, or some of the duties, of the medical officer of health under the Order, and for this purpose act as an officer of the sanitary authority under the direction of the medical officer of health."

In order to give effect to this co-operation, and to prevent overlapping as much as possible, it is suggested that the following procedure should be made a basis for combined action in the sanitary districts of the administrative county :

1.—Whenever a new case of tuberculosis is visited, a report on the environmental conditions will be made by the dispensary tuberculosis nurse, or the dispensary tuberculosis officer, or his assistant.

2.—This report will be made in duplicate, and one copy will be sent to the medical officer of health of the sanitary district in which the patient resides, and one copy will be retained by the dispensary tuberculosis officer.

3.—Both copies of the report will be considered as strictly private and confidential.

4.—If there are any special circumstances with regard to the conditions under which the patient is living, the dispensary tuberculosis officer will draw attention to this in a covering letter, and in sending this letter the dispensary tuberculosis officer will have satisfied himself that the special defects merit attention.

5.—The tuberculosis nurse or the dispensary tuberculosis officer, or his assistant, will re-visit the patient as occasion arises, and, if the conditions already reported still remain unremedied, the attention of the medical officer of health will again be drawn to the facts of the case. After a conference between the dispensary tuberculosis officer and the medical officer of health, or upon a written request by the medical officer of health, the dispensary tuberculosis officer will acquaint the central authority of the facts

by forwarding a copy of the reports, and any correspondence which may be thought necessary, to the central tuberculosis officer, who will then hand the same to the county medical officer of health.

6.—The county medical officer of health will then take such action in the matter as may be required.

It is of the greatest importance that mutual arrangements should be made between the local sanitary authority, the medical officer of health, and the dispensary tuberculosis officer, so that overlapping in the systematic visiting of tuberculosis cases will not occur.

G. LISSANT COX,
Central Tuberculosis Officer.

Tuberculosis Department,
County Offices, Preston.
9th April, 1914

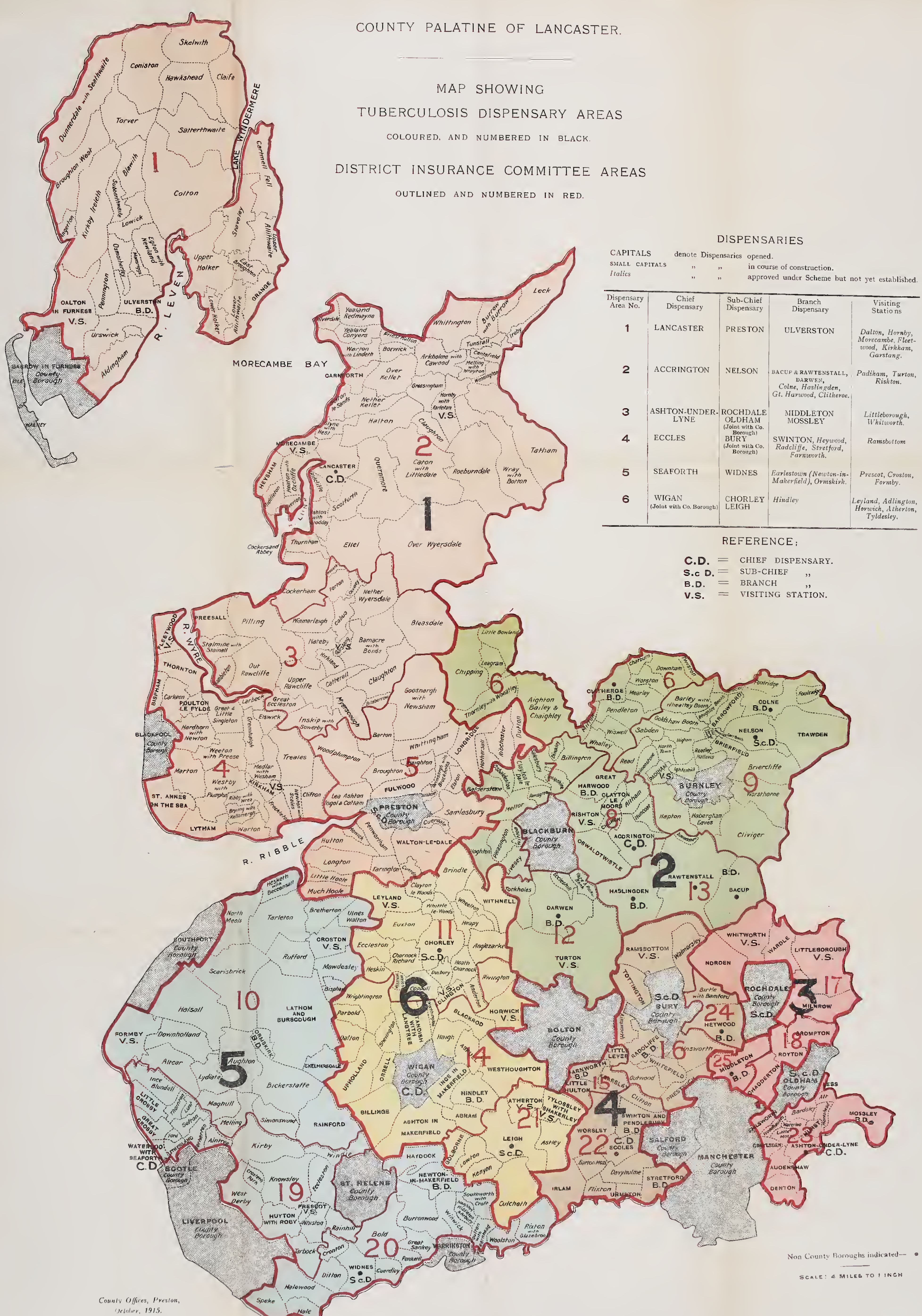
COUNTY PALATINE OF LANCASTER.

MAP SHOWING TUBERCULOSIS DISPENSARY AREAS

COLOURED, AND NUMBERED IN BLACK.

DISTRICT INSURANCE COMMITTEE AREAS

OUTLINED AND NUMBERED IN RED.



DISPENSARIES

CAPITALS denote Dispensaries opened.
SMALL CAPITALS " " in course of construction.
Italics " " approved under Scheme but not yet established.

Dispensary Area No.	Chief Dispensary	Sub-Chief Dispensary	Branch Dispensary	Visiting Stations
1	LANCASTER	PRESTON	ULVERSTON	*Dalton, Hornby, Morecambe, Fleetwood, Kirkham, Garstang.*
2	ACCRINGTON	NELSON	BACUP & RAWTENSTALL, DARWEN, *Colne, Haslingden, Gt. Harwood, Clitheroe.*	*Padiham, Turton, Rishton.*
3	ASHTON-UNDER-LYNE	ROCHDALE OLDHAM (Joint with Co. Borough)	MIDDLETON MOSSLEY	*Littleborough, Whitworth.*
4	ECCLES	BURY (Joint with Co. Borough)	SWINTON, *Heywood, Radcliffe, Stretford, Farnworth.*	*Ramsbottom*
5	SEAFORTH	WIDNES	*Earlestown (Newton-in-Makerfield), Ormskirk.*	*Prescot, Croston, Formby.*
6	WIGAN (Joint with Co. Borough)	CHORLEY LEIGH	*Hindley*	*Leyland, Adlington, Horwich, Atherton, Tyldesley.*

REFERENCE:

C.D. = CHIEF DISPENSARY.
S.c D. = SUB-CHIEF "
B.D. = BRANCH "
V.S. = VISITING STATION.

Non County Boroughs indicated— •

SCALE: 4 MILES TO 1 INCH

County Offices, Preston,
October, 1915.